

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Black PAC

ADDRESS (number and street)

2090 Adam Clayton Powell Jr. Blvd.

Suite 201A

☐ Check if different than previously reported. (ACC)

New York

NY

10027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00609388

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2020

through

M M M / D D D / Y Y Y Y Y Y
01 31 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Shropshire, Adrienne, R., ,

Type or Print Name of Treasurer

Signature of Treasurer

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 20 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Black PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020		238460.47
(b) Cash on Hand at Beginning of Reporting Period.....	238460.47	
(c) Total Receipts (from Line 19)	133993.90	133993.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	372454.37	372454.37
7. Total Disbursements (from Line 31).....	93297.43	93297.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	279156.94	279156.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Black PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
01	/	31	/	2020

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

92500.00

92500.00

(ii) Unitemized

1976.33

1976.33

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

94476.33

94476.33

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

94476.33

94476.33

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

39517.57

39517.57

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

133993.90

133993.90

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

133993.90

133993.90

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	23297.43	23297.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23297.43	23297.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	70000.00	70000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	93297.43	93297.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93297.43	93297.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	94476.33	94476.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94476.33	94476.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	23297.43	23297.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	23297.43	23297.43

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Priven, Mark, , ,

Mailing Address 1511 Marin Ave

City
Albany

State
CA

Zip Code
94706-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bickmore Actuarial

Occupation (for Individual)

Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2019

Transaction ID : VTEF8Y36G30

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4073.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : VTEF8Y36G30E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Campbell-Kibler, Kathryn, , ,

Mailing Address 175 E Selby Blvd

City

Worthington

State

OH

Zip Code

43085-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ohio State University

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : VTEF8Y36H32

Amount of Each Receipt this Period

1000.00

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ActBlue

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4073.33

Date of Receipt

01 / **03** / **2020**

Transaction ID : VTEF8Y36H32E

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Heller, Constance, C., ,

Mailing Address 3020 Buena Vista Way

City
Berkeley

State
CA

Zip Code
94708-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

01 / **17** / **2020**

Transaction ID : VTEF8Y36JD2

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cagampang, Helen, , ,

Mailing Address 1015 Fresno Ave

City
Berkeley

State
CA

Zip Code
94707-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / **28** / **2019**

Transaction ID : VTEF8Y36GR6

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ActBlue

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4073.33

Date of Receipt

01 / 03 / 2020

Transaction ID : VTEF8Y36GR6E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Accountable Justice Action Fund

Mailing Address 314 Lytton Ave
Ste 200

City
Palo Alto

State
CA

Zip Code
94301-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

01 / 13 / 2020

Transaction ID : VTEF8Y1Y507

Amount of Each Receipt this Period

80000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lupton, Daniel, , ,

Mailing Address 554 Portland Ave

City
Saint Paul

State
MN

Zip Code
55102-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mulder & Lupton, Inc.

Occupation (for Individual)
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2019

Transaction ID : VTEF8Y36H09

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4073.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : VTEF8Y36H09E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

92500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. We Rise PAC

Mailing Address 700 13th St NW
Ste 600

City
Washington

State
DC

Zip Code
20005-5998

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

39517.57

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : VTEF8Y36HW8

Amount of Each Receipt this Period

39517.57

☐ Memo Item

Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

39517.57

39517.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Black PAC

Full Name (Last, First, Middle Initial)

A. American Express

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		23		2020

Mailing Address 200 Vesey St

City
New YorkState
NYZip Code
10285-1000Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : VTDG0AE346

Amount of Each Disbursement this Period

2438.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Action Network

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		23		2020

Mailing Address 1900 L St NW
Ste 900City
WashingtonState
DCZip Code
20036-5005Purpose of Disbursement
Email Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : VTDG0AE347

Amount of Each Disbursement this Period

230.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Apple Store

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		23		2020

Mailing Address 143 Market St

City
YonkersState
NYZip Code
10710-7604Purpose of Disbursement
Office Equipment

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : VTDG0AE341

Amount of Each Disbursement this Period

911.83

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2438.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Black PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address 1030 Delta Blvd

City
AtlantaState
GAZip Code
30354-1989Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	0

FEC Identification Number

C**Transaction ID : VTDG0AE34E**

Amount of Each Disbursement this Period

932.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Shropshire, LLC

Mailing Address 380 Summit Ave

City
Mount VernonState
NYZip Code
10552-2206Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	0

FEC Identification Number

C**Transaction ID : VTDG0AE34I**

Amount of Each Disbursement this Period

6250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank, N. A.

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1245Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	0

FEC Identification Number

C**Transaction ID : VTDG0AE34I**

Amount of Each Disbursement this Period

361.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6611.92

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Black PAC

Full Name (Last, First, Middle Initial)

A. Civix Strategy Group, LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	0

Mailing Address 114 N Main St
Ste 203City
ConcordState
NHZip Code
03301-4953Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : VTDG0AE345**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Cooper, DaMareo, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	0

Mailing Address 774 Fuller St

City
AkronState
OHZip Code
44306-2518Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : VTDG0AE344**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. BLDG Management Co. Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	0

Mailing Address 417 5th Ave
Fl 4City
New YorkState
NYZip Code
10016-2239Purpose of Disbursement
Rent

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : VTDG0AE1X**

Amount of Each Disbursement this Period

1670.65

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

10670.65

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Black PAC

Full Name (Last, First, Middle Initial)

A. BLDG Management Co. Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2020

Mailing Address 417 5th Ave
FL 4City
New YorkState
NYZip Code
10016-2239Purpose of Disbursement
Rent

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VTDG0ADZEI**

Amount of Each Disbursement this Period

3297.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3297.53

TOTAL This Period (last page this line number only).....▶

23018.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Black PAC

Full Name (Last, First, Middle Initial)

A. Grassroots Illinois Action Campaign Committee

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		23		2020

Mailing Address 637 S Dearborn St
FI 3City
ChicagoState
ILZip Code
60605-1936Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VTDG0AE342**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Center for Racial and Gender Equity

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		23		2020

Mailing Address 500 E 61st St
Ste BCity
ChicagoState
ILZip Code
60637-2545Purpose of Disbursement
Donation

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VTDG0AE343**

Amount of Each Disbursement this Period

60000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

70000.00

TOTAL This Period (last page this line number only)..... ►

70000.00